

COMMUNITY DEVELOPMENT DEPARTMENT  
BUILDING DIVISION  
PHONE (408) 354 -6815 FAX (408) 354-7593  
www.losgatosca.gov

## Document of Unreasonable Hardship

Project Address: \_\_\_\_\_ Permit # \_\_\_\_\_  
Type of facility: \_\_\_\_\_ Date \_\_\_\_\_  
Occupancy Classification: \_\_\_\_\_

The above project is requesting an "Unreasonable Hardship" as permitted by section 1134B of the 2001 California Building Code. Unreasonable hardship is for projects for which the construction valuation exceeds the valuation threshold and the costs for providing all the accessibility features would be disproportionate to the cost of construction. The Building Official's discretion determines how much would constitute a hardship to the applicant. Please complete the following information to determine applicability of an "Unreasonable Hardship"

1. 2006 Valuation Threshold \$113,586.07

The annual valuation threshold is based on the January, 1981 threshold of \$50,000.00 as adjusted using the ENR 20 Cities Construction cost Index, as published by Engineering News-Record, McGraw-Hill Publishing Company, for January of each year.

2. The cost of proposed building improvements \$ \_\_\_\_\_

**Stop here if line #2 is less than line #1 and fill out a 20% form**

3. Minimum accessibility alteration cost, 20% of line #2 \$ \_\_\_\_\_

Priority of completing path of travel requirement

4. Cost of an accessible entrance \$ \_\_\_\_\_

5. Cost of an accessible route to the altered area \$ \_\_\_\_\_  
(Includes parking and path of travel)

6. Cost of at least one accessible restroom for each sex \$ \_\_\_\_\_

7. Cost of accessible telephones \$ \_\_\_\_\_

8. Cost of accessible drinking fountains \$ \_\_\_\_\_

9. Cost of additional accessible elements; parking, storage & alarms \$ \_\_\_\_\_

10. Total cost of proposed accessible elements, must be equal or greater than line #3 \$ \_\_\_\_\_

\_\_\_\_\_  
Architect or Engineer Name (please print)

\_\_\_\_\_  
Building Owner Name (please print)

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Building Owner Signature

\_\_\_\_\_  
Contact Phone No.

\_\_\_\_\_  
Contact Phone No.

*For Staff only*

Date Approved ☐ Denied ☐

*Senior Building Inspector Signature*

*Senior Building Inspector Name (please print)*